

DRAFT REVISED Level 1 Information Sheet

In order to better understand the needs of our customers and to allocate resources in the most effective manner, the OFM-CAMS Support Center (OFM-CSC) asks that you provide the following information when submitting a Level 1 AR. The more detailed the information given, the more we can improve our service. An AR meets the level 1 definition if: (1) the current process can not manage/maintain the problem, AND (2) there is not a viable workaround AND (3) the problem is of a critical nature/impact.

(1) Explain current process for addressing the problem when encountered, how frequently does this action occur?

3. 2. Is there a work-around available (manual or automated)?

☐

Yes

☒

No

If "Yes", please describe the work around and justify why it is not a viable resolution:

4. 3 The problem described in this AR affects:

a. <input type="checkbox"/>	Stops critical production work Explain why and the impact:	b. <input type="checkbox"/>	Critical Implementation dates will be effected. Explain why and the impact:
c. <input type="checkbox"/>	Will result in significant data corruption Explain how and the impact:	d. <input checked="" type="checkbox"/>	Critical new process or functionality can not be moved into production. Explain why and the impact:

Please provide any addition explanations of the above condition:

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4. This information is to elevate a level 2 AR, currently in OFM-CSC Help Desk.

What is the OFM-CSC Help Desk AR number?

5. AR Priority Ranking

Where would this AR rank on your Bureau's
Priority List? _____

Signature of Bureau AR Ranking Official:

6. Promotion of Code into Production

If this AR is received on your target date, by what date will you
promote this code into production?

4. Do you require the OFM-CSC to use over time and weekend effort to fix this problem?

☐ Yes

☒ No

5. If overtime and weekend effort is necessary to fix this problem, please give the name and phone of the bureau employees who will be available for the same period of time. Please note if OT & weekend work are requested, this may result in the delivery of the software outside of normal business hours. Please provide name and phone number of the bureau staff who will be available to accept delivery.

Information Source: Name: _____ Phone: _____

Accept Delivery: Name: _____ Phone: _____

6. Please recommend three ARs, scheduled for current delivery, that the OFM-CSC may delay, if necessary to meet your response objective. These ARs should be in the same functional area. (If ARs must be delayed to meet your response objective, which ARs are delayed is solely at the discretion of the OFM-CSC. This decision will be made so there is the least impact on the OFM-CSC workload possible.)

1. _____ 2. _____ 3. _____

I have confirmed that all
pertinent fields have been
completed. I request that
the OFM-CSC
elevate this AR to Level 1.

Signature of Program Manager

OFM-CSC Approval:

Signature of SSD Division Director

DRAFT REVISED AR Policy